



2017 TRB Form 478–Aug
Telecommunications Slamming Complaint Reporting Form
 Due Aug. 15, 2017

| | | | |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------|
| Block 1: Filer Identification Information | | 101 | JRT-CERT- _ _ _ _ |
| 102 | Legal name of reporting entity | | |
| 103 | Complete mailing address of reporting entity's corporate headquarters | | |
| 104 | Name(s) reporting entity uses to provide telecommunications service (Use additional sheets, if necessary) | | |
| 105 | Complete mailing address of the entity that provides telecommunications service using the dba(s) in Line 104, if different from the address shown Line 103 | | |
| 106 | Number of end-user subscribers of the reporting carrier as of June 30, 2017 | | |
| 107 | If this report does not cover January 1, 2017 through June 30, 2017, indicate the period covered. | | |

| | | | |
|-------------------------------------|---------------------------------|-----|-----------|
| Block 2: Contact Information | | | |
| 108 | Person who completed this form | | |
| 109 | Telephone number of this person | () | Extension |
| 110 | Fax number of this person | () | |
| 111 | E-mail address of this person | | |

| | | | |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| Block 3: Complaints That You Received or Resolved Alleging That You Slammed a Consumer | | | |
| To be completed by all telephone exchange and toll service providers. | | | |
| 112 | If you have no unresolved complaints from prior reporting periods and you received no slamming complaints between January 1 and June 30 of the reporting year, then check the certification box to the right and skip to Block 5. | <input type="checkbox"/> | |
| 113 | Consumer slamming complaints unresolved as of December 31, 2016 | | |
| 114 | Consumer slamming complaints received from January 1, 2017 through June 30, 2017 | | |
| 115 | Consumer slamming complaints resolved during the period January 1, 2017 through June 30, 2017 | | |
| 116 | Of the number reported on Line 115, the number that were investigated | | |
| 117 | Of the number reported on Line 115, the number that proved to be valid complaints | | |
| 118 | Of the number reported on Line 115, the number the reporting entity directly resolved with consumers | | |
| 119 | Consumer slamming complaints unresolved as of June 30, 2017. (Line 113 + Line 114 + Line 115) | | |

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|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------|
| Block 4: Complaints That You Received Alleging That Another Carrier Slammed a Consumer | | | |
| To be completed by carriers that provide wireline and fixed wireless local exchange service to end-user subscribers. | | | |
| | Names of carriers alleged to have slammed one of your local exchange service subscribers | Check if affiliate | No. of slamming allegations received about carrier January 1 through June 30 |
| 120 | | | |
| 121 | | | |
| 122 | | | |
| 123 | | | |
| 124 | | | |
| 125 | | | |
| Use additional sheets, if necessary, | | | |

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| Block 5: CERTIFICATION: to be signed by an Officer of the Filer | |
| 126 Provide additional information or explanations, as needed. Use additional sheets, if necessary. | |
| I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report, and, to the Best of my knowledge, information, and belief, all statements of fact contained in this Form are true. | |
| 127 | Signature |
| 125 | Printed name of officer |
| 129 | Position with reporting entity |
| 130 | Date |
| 131 | This filing is: <input type="checkbox"/> Original Filing <input type="checkbox"/> Revised Filing |



2017 TRB Form 478–Feb
Telecommunications Slamming Complaint Reporting Form
 Due Feb. 15, 2018

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|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------|
| Block 1: Filer Identification Information | | 101 | JRT-CERT- _ _ _ _ |
| 102 | Legal name of reporting entity | | |
| 103 | Complete mailing address of reporting entity's corporate headquarters | | |
| 104 | Name(s) reporting entity uses to provide telecommunications service (Use additional sheets, if necessary) | | |
| 105 | Complete mailing address of the entity that provides telecommunications service using the dba(s) in Line 104, if different from the address shown Line 103 | | |
| 106 | Number of end-user subscribers of the reporting carrier as of December 31, 2017 | | |
| 107 | If this report does not cover July 1, 2017 through December 31, 2017, indicate the period covered. | | |

| | | | |
|-------------------------------------|---------------------------------|-----|-----------|
| Block 2: Contact Information | | | |
| 108 | Person who completed this form | | |
| 109 | Telephone number of this person | () | Extension |
| 110 | Fax number of this person | () | |
| 111 | E-mail address of this person | | |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|
| Block 3: Complaints That You Received or Resolved Alleging That You Slammed a Consumer To be completed by all telephone exchange and toll service providers. | | | |
| 112 | If you have no unresolved complaints from prior reporting periods and you received no slamming complaints between July 1 and December 31 of the reporting year, then check the certification box to the right and skip to Block 5. | | <input type="checkbox"/> |
| 113 | Consumer slamming complaints unresolved as of June 30, 2017 | | |
| 114 | Consumer slamming complaints received from July 1, 2017 through December 31, 2017 | | |
| 115 | Consumer slamming complaints resolved during the period July 1, 2017 through December 31, 2017 | | |
| 116 | Of the number reported on Line 115, the number that were investigated | | |
| 117 | Of the number reported on Line 115, the number that proved to be valid complaints | | |
| 118 | Of the number reported on Line 115, the number the reporting entity directly resolved with consumers | | |
| 119 | Consumer slamming complaints unresolved as of December 31, 2017. (Line 113 + Line 114 + Line 115) | | |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------|
| Block 4: Complaints That You Received Alleging That Another Carrier Slammed a Consumer To be completed by carriers that provide wireline and fixed wireless local exchange service to end-user subscribers. | | | |
| | Names of carriers alleged to have slammed one of your local exchange service subscribers | Check if affiliate | No. of slamming allegations received about carrier July 1 through December 31 |
| 120 | | | |
| 121 | | | |
| 122 | | | |
| 123 | | | |
| 124 | | | |
| 125 | | | |
| Use additional sheets, if necessary, | | | |

| | |
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| Block 5: CERTIFICATION: to be signed by an Officer of the Filer | |
| 126 Provide additional information or explanations, as needed. Use additional sheets, if necessary. | |
| I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report, and, to the Best of my knowledge, information, and belief, all statements of fact contained in this Form are true. | |
| 127 | Signature |
| 128 | Printed name of officer |
| 129 | Position with reporting entity |
| 130 | Date |
| 131 | This filing is: <input type="checkbox"/> Original Filing <input type="checkbox"/> Revised Filing |